

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 4-1 thru 6-30-2017 Grantee Name: Helping Hand Pregnancy Center

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
1	12	8	14	19	16	13	3

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
18	16	17	28		7

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
23	54	9

4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
17	8	2	2	11	46	

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
44	42	0

6. Client Type:

Mother	Father	Grandparent	Other
79	7	0	0